

**EZ-PAY AUTHORIZATION FORM
BREVARD COUNTY WATER RESOURCES
MIMS WATER**

Water Account Number

Customer Name (as it appears on your bill)

Service Address and Street

Name of Financial Institution

Daytime Telephone (with area code)

Type of Account (Circle One)
CHECKING SAVINGS

Please return with your voided check or savings account deposit slip to your Mims Billing Office, or include this form with your monthly bill payment.

I authorize Brevard County Water Resources, Mims Water, to automatically initiate charges (debit entries) to my bank account as indicated herein, and for my bank to accept and post such charges for the payment of all bills rendered to me by Mims Water.

Brevard County Water Resources, Mims Water, will continue to send me a statement each month approximately 15 days before my bank account is charged. Mims Water will impose a processing fee in the event a charge is not paid by my bank.

I understand that I may discontinue this payment service by notifying the Mims Billing Office in writing, before the next billing cycle is completed.

Please sign and date this form if you agree to accept these terms as stated above.

Account Holder(s) Signature

Date

Please allow two weeks for your application to be processed. Mims Billing will notify you of approval or other action with a message on your bill. Please continue to pay your bill as you normally would until you are notified.